

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 887
Registrar's No. 674

FILED FEB 1 1943
318

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Loretta Wessel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry O. Wessel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 6 16 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name August Oberrieder

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Heimbürger

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry O. Wessel

(b) Address 2905a Harper St.

17. (a) Burial (b) Date thereof 1/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 23 1943 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2905a Harper St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1943 hour 2:55 AM minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 7
_____ 1943, to Dec. 22, 1943

that I last saw her alive on Dec. 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac
Dilatation and Pulmonary
Embolism multiple. Duration 12 hrs.

Due to P. E. Embolism following
hysterectomy.

Due to Ca. of ovaries, Petros
plutonic

Other conditions thrombosis acute
(Include pregnancy within 3 months of death)

Major findings: Pyometrium large
Of operations, Petros, large, multiple
suspected Ca. of ovaries.

Of autopsy, Ca. of ovaries & metastases
multiple - acute cardiac dilatation

22. If death was due to external causes, fill in the following: (over)

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Raoul S. Ramo (M. D. or other) M.D.

Address 3115 So. Grand Blvd. Date signed 1/22/43

Autopsy findings

Infarct of lungs, multiple

Vaginal perforated fistula, & abs. peritonitis

Chronic gastritis

Nephroses, small, hyl. & pyelonephritis at
R. & L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

William G. Buchholz

Licensed Embalmer No.

2110

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.